

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date September 3, 1982		Division of Family & Children Services Medical Eligibility Room I - 401 State Office Building Atlanta, Georgia 30334		Application Number 82-547	
Application Number DHR-82-53				Date Received SEP 14 1982	
				Date Completed OCT 25 1982	
2. Person to Contact					
Robert E. Middleton		Working Title Human Services Technician		Telephone Number 656-4350	
3. Action Requested					
a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.					
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.					
c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series		5. Records Series Title (followed by title used in office, if different)			
Earliest 1968		Latest continuing			
		Public Assistance Client Medical Eligibility Closed Case Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?					
The Division of Family and Children Services, through the leadership of the Director, is responsible for administering, supervising, and regulating services to indigent children, adults, and families, State-wide; for serving as liaison with the Regional Office of Health & Human Services concerning the status of the State Social Service Plan and for clearing policy questions; and for working with other DHR Offices and Divisions to resolve problems affecting the operation of the Division.					
The Medical Eligibility Determination Section has the responsibility for determining the medical eligibility of families and individuals for income maintenance and medical assistance.					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.					
Documents relating to: determining client medical eligibility for medical assistance only and incapacity.					
Included are: forms -- 187 (Permanent and Total Disability Determination) shows case name and number (code-serial-symbol); Medical Reviewer's Report as to whether or not eligible, social study inadequate, joint conference needed, comments; State Consultant Physician's Report as to whether or not eligible, impairment permanent or not medically demonstrable; Joint Conference Report - comments, dates, signatures of Social Worker and Physician; Review of Medical Social Reviewer and State Physician Reports, whether eligible or ineligible and basis for determination and comments. DBP/ASP 181-1-2 (new number 188) (Social Data Report) shows client's name, address, case number, sex, race, birthdate, marital status; current assistance and benefits, present conditions (living arrangement and composition of household); education; employment record or homemaking					
The file is arranged: alphabetically by name of client.					
8. Monthly Reference Rate How often are records referred to which are:					
One to six months old <u>5</u> ; Seven to twelve months old <u>0</u> ; Thirteen to twenty-four months old <u>0</u> ; twenty-five months and older <u>?</u>					
9. Annual Rate of Accumulation of Records					
Letter-size drawers _____ ; Legal-size drawers _____ ; Shelves <u>20 linear</u> ; Other (Specify) _____					
feet					

YES NO 10. Questionnaire (Place an "X" in the proper column)

X	a. Is this the official copy of the series? If not, where is it?
X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. <u>contain client names - DHR Confidentiality policy XI.A.2(a)</u>
X	c. Is this a vital record?
X	d. Does this series have historical or long term research value?
X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X	f. Is the information contained in this series ever published? If yes, attach copy.
X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <u>portions in respective county offices</u>
X	i. Is this series for a major portion of it regularly microfilmed?
X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>3</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☒ Calendar Year; ☐ Fiscal Year; ☐ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Beginning January 1, 1982,
Cut off file as follows:

Central Medical Eligibility Office

Upon determination that client is no longer eligible for assistance, place all papers for that particular client in the inactive file.

Inactive file

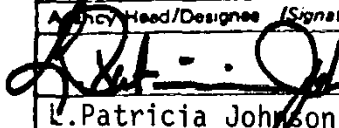
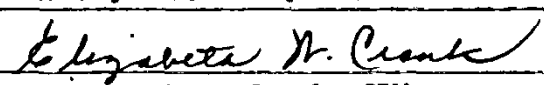

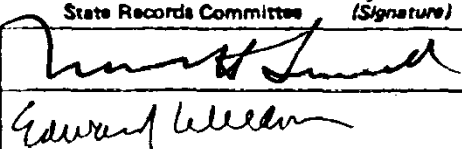
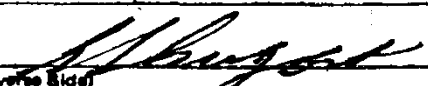
Cut off file at end of each calendar
These instructions apply to all prior and future accumulations of the series.

year; hold in current files area one year; transfer to State Records Center; hold two years; then destroy.

County Offices -

Family & Children Services

Place all papers for each client in the client's file; then follow the disposition guidelines given for client records in the Family & Children's Services Procedures Manual.

Agency Head/Designee (Signature) 	Date 9/3/82	Records Management Officer (Signature) 	Date 6/13/82
L. Patricia Johnson, Ph.D., Director		Elizabeth W. Crank, CRM State Records Committee (Signature)	
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)	State Auditor/Designee 		10-18-82
	Secretary of State/Designee		10/19/82
	Attorney General/Designee		10-20-82

Georgia Department of Human Resources

Application for Records Retention Schedule

Public Assistance Client Medical Eligibility Closed Case Files

Continuation - page 3

7. date, sex, race; status (applicant, recipient); type of examination (initial, re-examination); eligible or ineligible (on factors as checked) qualifying conditions and comments. Included, but not limited to, forms for medication and treatment -- numbered and unnumbered according to health facility -- (Physician's Order Form & Medication Profile Record) (Progress Notes) (Crisis Intervention/Screening/Referral Summary) (Hospital Entry Information) which give history of client's emotional problems/mental illness/developmental problems - alcohol and/or drug usage - behavior indicating current mental status); reports of laboratory work, x-ray reports, operative reports, physical and occupational therapy reports, electrocardiogram, reports of cat scan, cardiology, catheterization, and others; form 5459 (Authorization for Release of Information); and related correspondence.